

Matrix support and integral care networks in mental health

Silva, Aline Basso da; Gomes, Bruna Cristiane Furtado; Torres, Odete
Messa; Siniak, Débora Schlotefeldt

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Silva, A. B. d., Gomes, B. C. F., Torres, O. M., & Siniak, D. S. (2013). Matrix support and integral care networks in mental health. *Revista de Pesquisa: Cuidado é Fundamental Online*, 5(2), 3655-3666. <https://doi.org/10.9789/2175-5361.2013v5n2p3655>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>



RESEARCH

MATRIX SUPPORT AND INTEGRAL CARE NETWORKS IN MENTAL HEALTH

APOIO MATRICIAL E REDES DE CUIDADO INTEGRAL EM SAÚDE MENTAL

MATRIZ DE COMPATIBILIDAD DE REDES Y ATENCIÓN INTEGRAL DE SALUD MENTAL

Aline Basso da Silva¹, Bruna Cristiane Furtado Gomes², Odete Messa Torres³, Débora Schlotefeldt Siniak⁴

ABSTRACT

Objective: To present the concepts, perceptions and experiences brought by Mental Health professionals about their daily services. **Methods:** This is a qualitative study and Institutional Analysis about Matrix Support and Integral Care Network in Mental Health held three services in the municipality of Uruguaiana, the data were grouped into categories and the analysis conducted for the interpretation and reflection content emerged. **Results:** The results point to the unveiling of new perspectives on the subject from the perspective of professionals in health, to the debate, criticism and collective constructions of concepts and resolutions of problem situations that showed the experiences and realities of these teams. **Conclusion:** Finally, we seek to contribute to the wider debate about the issue, considering their need for services enabling practices. **Descriptors:** Mental Health, Integral Health Care, Assistance Humanization.

RESUMO

Objetivo: Apresentar os conceitos, percepções e vivências trazidas pelos profissionais de Saúde Mental sobre seus cotidianos nos serviços. **Métodos:** Trata-se de uma pesquisa de abordagem qualitativa e Análise Institucional sobre Apoio Matricial e Redes de Cuidado Integral em Saúde Mental realizada com três serviços no município de Uruguaiana, os dados foram agrupados em categorias e a análise procedeu pela interpretação e reflexão do conteúdo emergido. **Resultados:** Os resultados apontam para o desvelamento de novos olhares sobre o assunto na perspectiva dos profissionais em saúde, visando o debate, a crítica e as construções coletivas de conceitos e resoluções de situações problemas que mostraram as vivências e as realidades destas equipes. **Conclusão:** Por fim, busca-se contribuir com a ampliação do debate a cerca da temática, considerando sua necessidade de viabilização nas práticas nos serviços. **Descritores:** Saúde Mental, Assistência Integral à Saúde, Humanização da assistência.

RESUMEN

Objetivo: Presentar los conceptos, las percepciones y experiencias presentadas por los profesionales de la salud mental sobre sus servicios diarios. **Métodos:** Un estudio cualitativo en análisis institucional y la matriz de la Red de Apoyo y Atención Integral en Salud Mental llevó a cabo tres servicios en el municipio de Uruguaiana, los datos se agruparon en categorías y el análisis realizada para la interpretación y la reflexión surgieron de contenido. **Resultados:** Apuntan a la inauguración de nuevas perspectivas sobre el tema desde la perspectiva de profesionales de la salud con el fin de debate, crítica y construcción colectiva de conceptos y resoluciones de las situaciones problemáticas que mostraron las experiencias y realidades de estos equipos. **Conclusión:** Se busca contribuir a un debate más amplio sobre el tema, teniendo en cuenta su necesidad de prácticas de los servicios de apoyo. **Descriptores:** Salud Mental, Atención Integral en Salud, Humanización de la atención.

¹ Nurse, a member of the groups Study and Research in Mental Health and Psychiatric Nursing-GEPESM / UFRGS and Research Group on Mental Health and Public Health-UFPEL.² He has experience in nursing, acting on the following themes: continuing health education, professional education, integrity, social sciences and nursing. He works as a nurse in the Family Health Strategy. ³ Have Degrees in Nursing from the University of Rio Grande do Sul (2003) and Professional Master in Public Health at the Public Health Institute, Federal University of Bahia / UFBA (2005). PhD in Nursing from the Federal University of São Paulo. ⁴ Nurse Regional Integrated University of High Uruguay and Missions Campus Sant'Angelo - URISAN/2011 and member of the Group of Studies and Research in Nursing, Health and Education URISAN (GEPESE) since 2008. Currently pursuing Post Graduation in Chemical Dependency by FLT.

INTRODUCTION

By studying the mental health network, we need to take into account its creation and relevance from a political trajectory of the Unified Health System (SUS) has extended looks for Integral Attention to Mental Health Psychiatric Reform. As Oliveira et al.¹ the mental health network has a horizon democratic and participatory in the context of public health policies in Brazil and aims to seek a new social place for people with mental suffering by promoting daily interactions between mental health and society.

According to Buchele et al.² the Ministry of Health expanded the concept of health in an attempt to reverse the disease-centered model of care to a model of comprehensive health care, where there is the progressive incorporation of promotion and restoration of health and prevention of disease.

Thus, contextualizing with the Mental Health Policy, part of the Health System's proposal psychiatric reform is based on three goals: the process deinstitutionalization, reducing hospitalization in mental hospitals and a network of mental health care.¹

In implementing the Psychiatric Reform and the promotion of mental health in entirety, you need a network of care, basic territorial and cross-actions with other specific policies that seek to establish links and host. This work involves multiprofessionalization, interdisciplinarity and intersectionality. A proposal that acts as transdisciplinary breaking barriers of hierarchies of knowledge, thus allowing the re-structuring of the relief work.^{3,1}

The matrix support, a central theme of this research, is considered by the Ministry of Health as an organizational arrangement that aims to grant technical support in specific areas to teams R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3655-66

responsible for the development of basic health care for the population.² This method enables an integrated care, deconstructing the logic referrals and building the Reference Team, which proves the bond and security pros users, respecting the individuality and social context.¹

Thus, using the Mental Health Policy, the research efforts directed towards the analysis of perceptions of health teams and primary care of CAPS on the matrix networks of integrated care in mental health in the municipality of Uruguaiana to reveal how professionals recognize and experience this issue in their daily service.

To accomplish the research, promoted to four meetings with the three integrated services using qualitative research. The aim of this paper is to present the concepts, perceptions and experiences brought by health professionals in their daily services. This through debates, conferences and resolutions constructions of problem-situations.

It is important to create spaces for discussion of this topic in services, as well as the appreciation of the experiences and experiences of each professional to strengthen the debate on Matrix Support and Comprehensive Care Network. This idea is brought by Campos⁴ when he refers to the importance of ensuring compliance with the primary objective of every organization, whether producing health and education and at the same time allow and encourage workers to expand their capacity for reflection, co-management, enhancing the professional and personal achievement. The same adds on the need to create spaces for expanded democracy, empowerment of subject teams to form groups capable of dealing with the knowledge, reflect on the problems encountered, create solutions and strategies with the community in order to meet the needs qualifying for the local health processes producing citizen-subjects, groups are able to

impose resistance to adverse determinations middle. This process reflects the quest for empowerment of individual teams, forming groups capable of dealing with the knowledge, reflect on the problems encountered, and create solutions and strategies with the community in order to meet the needs for qualified health site.

The motivation for this research is in need of further theoretical and practical knowledge about the topic in the municipality. Where realized the difficulty of conducting network actions and matrix professionals in primary health care and specialized services. Having discussed the importance of this issue and strengthening services.

METHODOLOGY

This research has qualitative character with the integration of institutional analysis and qualitative methodology. A qualitative approach responds to particular issues, working with the universe of meanings, values and attitudes.⁵

This method has better results when used for investigations of groups and segments defined and focused. Following this logic, this study was conducted with the participation of three fields of observation and practice, consisting of two UBS and CAPS II.

Another issue that justifies the choice of qualitative method of integrating qualitative methodology and institutional analysis is due to the research it is an analysis of diversity of subjects when working interdisciplinarity, but also of policy and institutional issues when studying the institution and intersectority.

Thus, the methodological assumptions, integrates qualitative methodology with the Institutional Analysis. The Institutional Analysis is

a methodological approach that uses an approach that develops concepts that are tools for the nalysis and interventions in institutions facilitating the understanding of the perceptions of health professionals in primary care and the CAPS on the matrix networks of integrated care in mental health the city of Uruguaiana. Among the concepts used for the research proposed by the Institutional Analysis, pointing in particular the involvement conference that deals with the inclusion of the researcher in the process of bringing work knowledge and concerns for respondents, causing the reflection of all those involved in the study and finally resulting in a collective transformation.⁶

This author brings up another important concept is that of the institution in its three moments Institution / set / instituting addressing the issue of the institution as a set of laws, rules and practices, Established as the element of oppressive institution, and instituting such as transformer / questioner this process.

This method allows analyzing situations directly related to the work situation, obtaining clarity of possibilities and impossibilities to act and intervene in cases involving collective implication team.

Thus, these methods were applied through four encounters integrated, interdisciplinary and intersectoral with the three services and the use of semi-structured questionnaire. The study subjects were a nurse, a technician in Nursing and two agents each primary care community. The CAPS II was present with the participation of three Psychologists, three therapists, a nurse, two nursing techniques, an assistant general services, a nutritionist, and an occupational therapist, also counting on the participation of other professionals who participated in random encounters integrated, totaling 25 participants, who were generally coded by numbers. The

invitation to participate in research through the insertion occurred in the field, with the unfolding of the project "Support Matrix Networks and Integral Care in Mental Health" linked to the Federal University of Pampa (UNIPAMPA / RS). The project was approved by the ethics and research UNIPAMPA, under protocol number 0011/2010, and all respondents signed the free and informed consent (IC).

To achieve this study used the social research that is characterized as the study of human beings, author of institutions, laws, of worldviews, which are all at different paces provisional, passing, carrying in it the seeds processing. This transformation, also addressed the methodology of Lourau⁶ which proposes the notion of collective involvement in institutions, i.e., do not try an isolation between the act of search and when the search happens in the construction of knowledge. Refers to a set of conditions at the time of the search.

Following the methodologies outlined by Lourau⁶ and Minayo⁵ used up meetings with the integration of the teams, the search for collective involvement of all participants, where researchers actively participated in the construction of knowledge, this occurred in the form of wheels conversation, conceptual debates, encouraging the creation and resolution of problem situations.

Thus, the methodology chosen for the research to see against the proposed fields and Domitti⁸ mode matrix do with the creation of collective spaces protected, seeking to build a synthetic analysis and interpretation, as well as thinking and lines of intervention commitment between the individuals involved.

No exclusion criteria were applied for participation, since, as it is a study that aimed to reflection and transformation of professional practices, appreciated the availability of occupational health to participate in the process, and the researched who attended the least one

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3655-66

meeting was considered an object of analysis by the proposed method of integrating qualitative and institutional analysis.

RESULTS AND DISCUSSION

In the meetings the issue was addressed through conversations wheels, and dynamic construction and completion of problem situations by these teams. The latter dealt with matters of everyday Mental Health services, stimulating interdisciplinary work for solution of problem situations. The last meeting was reserved for completion of action plans for Matrix Support effectuation of the city, revealing the challenges, difficulties, and critical scenarios surprising that must be questioned and reflected.

In this sense, first meetings were held separately with each service to get in touch with their realities and initial knowledge on the subject, stimulating the production of concepts on the subject that were also covered in the individual questionnaire. And subsequently, integrating service workers to create spaces for discussion and reflection on issues experienced in the reality of everyday configures that some trace, line or suggestion Matrix Support in care practice performed by professionals in these services.

So, gave up the debate between the team members on the subject, and finally, they were encouraged to fabricate a situation - Problem (SP) in multidisciplinary and interagency groups. We used the central theme of problem situations suggested by the professionals participating in the study, after making them complex, and capable of engaging in discussion, encouraging the team to find a suitable solution proposal. To this end, respondents should rely on the principles of matrix support, the bond with the CAPS primary care, the concepts of the multidisciplinary team and staff

reference and comprehensive network of mental health care. The SP proposals provoked theoretical debates and practical, combining the theoretical aspects of the research to professional practices.

The subsequent meetings have focused the discussion and resolution of problem situations on the lines of Matrix Support, where participants associated the fiction of the problem situations with the reality they experienced.

Amid discussions and dynamic professionals were asked to build again a concept of matrix support based on reflections made during the meetings. In the penultimate meeting, the situation was distributed problem two (SP2) to a representative of each service so that each team would commit to discussing the SP2 services during the week. Please note that the discussion should involve professionals who did not participate in the research, promoting discussion and reflection of all team members and guiding mental health services.

In the last meeting, it was requested that participants in group build strategies, actions, plans, and agendas that make effective support matrix between CAPS and BHU involved in the research.

This last and decisive meeting, planned for implementation of work plans and evaluation proposals provoked reflection on the limitations of research in the field, since the previous meeting of the proposed activities was the manufacture of discussions of a new problem situation in each service to be brought to the big group. Therefore, teams of UBs did not attend the data collection, and the staff at CAPS II who was present there was no discussion held in the SP2 service. This absence and motivation of the group point to the significant need for the theme remain on the agenda of these services, with the risk of loss of power triggered actions here.

At this meeting, it was noted from the reports and attitudes of the participants faced great difficulties and problems in relation to the organization, prioritization, motivation and political barriers, cultural and communication that hinder the implementation of new approaches in the care process and implementation of comprehensive network of mental health care in the city of Uruguaiana.

The survey was completed at this stage, in view of the satisfactory data collection for research and analysis of the difficulties pointed out by the maintenance of services for meetings, with a planned time for these devolutive respective services.

Thus, the results were further categorized by focusing on the creation of concepts and perceptions of participating teams on the topic of networks and Matrix Support Comprehensive Mental Health Care, as well as their experiences and realities demonstrated in the construction and implementation of Situations Problems.

Matrix support networks and integrated care in mental health: building concepts

This is a study based on the concepts of matrix support suggested by the research participants. To make the searched expose the concepts support matrix we used two methods. The first method performed at each institution in me encounter, and the second in the third meeting between the teams integrated primary care and CAPS, after reflection and discussion about the concepts.

To perform at each institution, provided the participants posters and colored pens, and requested that the participants build two panels with the following questions "Conceptualize Support Matrix" and "What is your role in the team on the issue." Please note that at this time it was

provided a theoretical framework containing concepts of matrix support, i.e., the subjects were able to perform a bibliographic during this activity. We also emphasize that the shape of this dynamic before we applied a semi-structured questionnaire in order to know these teams and make a comparison with the responses obtained with the individual brought in interdisciplinary work in each sector.

So in response to this dynamic panel concept made by professionals revealed the following concepts:

"(1) The support matrix is a model change and achievement medicalized psychiatric reform, (2) it is a complementary work, (3) A work-oriented, and, finally, that (4) the matrix support it is a network co-responsibilization."(S1)

"(1) The support team is the integration of UBS and CAPS, (2) extension of the customer service team at UBS CAPS by CAPS and, (3) creating professional user relationship, (4) more knowledge and training to meet CAPS patients. "(S2)

"(1) expansion of interdisciplinary clinical team, (2) accountability of primary care mental health, (3) adoption of a logic for professionals, (4) new vision of madness and forms of intervention." (S3)

In response to the panel questioning the roles of health professionals gave the following results:

"(1) support, bond, mediating with support, support, (2) learn and pass on, (3) have a reference team." (S1)

"(1) assist the user with additional actions and planning staff, (2) to continue the call initiated by the CAPS team at UBS, (3) guide users and families." (S2)

"(1) provide the link between users and professionals, (2) place the previous knowledge and technical expertise, (3) pass in safety management, (4) share responsibilities, (5) foster care case discussion and continuing education; (6) develop therapeutic projects."(S3)

For analysis of these data was used participant observation and field diary, where one can see that after reading the educational

material available to respondents, they had greater ease in exposing the issue. This observation comes in contrast with the semi-structured questionnaire where many report ignore the issue or respond soon.

When questioned about the perceptions of respondents regarding support matrix and the role of each team member in this context, one of the professional says:

"The service must be more humane (...) we identified all patients with a mental health problem sent to CAPS." (E6)

This definition brought by health worker reveals a contradiction between practice and logic Support Matrix, which seeks to reduce referrals to specialized services.

Other professionals report:

"In my view we cannot have an answer, because it is starting and the results were few." (E17)

"We're just crawling on the subject are few places know the name of matrix and why." (E11)

Thus, it is important to note and consider that this theme is innovative health policies SUS, and little known in several municipalities. Moreover, as in many reports during the research, denote the structural difficulty of these services involved, such as: inadequate physical structure, professional insufficient to meet demand excessive ignorance of their rights by users, cultural habits of users that demonstrate the no breaking of paradigms linked to psychiatric reform and lack of CAPS AD. These issues raised become barriers that hinder access to information and dialogue among practitioners, since the structure of the services analyzed does not allow an environment of reflection, a quality of care and motivation for professionals to innovate their care practices.

These barriers identified are also referenced by teóricos⁸ that defines it as a

weakness that dissolves under the responsibility of the cases studied, and makes it almost impossible communicative integration of diagnostic and therapeutic approaches, this obstacle leads to loss of efficiency and increased iatrogenic checked in health services. This fact can be identified in the following reports:

"We need to support in every way, because there are difficulties in understanding the network by managers (...) teams have not prepared for the mental health care and there is network failure from all sectors of the municipality." (E5)

"Often we become frail before certain situations, which we cannot solve. The system of mental health care in our county is still very isolated. You cannot integrate between parties believe that there should be another view of managers, a more caring, a more committed." (E16)

Reflecting on the reports of health workers, there is the challenge of making possible the realization of this policy in the city, a challenge that requires the involvement of various levels of government and not just the professionals responsible for direct care with the user. Thinking about the logic of Psychiatric reform, the social actor with psychological distress should pay special attention to the talk of integrated care networks, since it has a historical process of abandonment and social discrimination, also need to prepare for this type of attention health. However, it is understood that the daily life of institutions, services and interpersonal relationships that the process of psychiatric reform progresses, marked by dilemmas, tensions, conflicts and challenges.⁹

It continued research in order to identify a transformation of respondents in relation to the theme, built in the 3rd meeting between the teams of UBS and CAPS asked again creating a concept of matrix support. But this time the groups were composed of interdisciplinary and inter-professional.

The groups conceptualized as a support matrix:

"A network of care and support among professionals in the network and user community, with the goal of giving a more intensive monitoring and security professionals from the public." (G1)

"A union of all the network, involving family, neighborhood, schools, welfare, hospital, clinics, prosecutors, tutoring assistance, and CAPS, all for the community." (G2)

"Network of integrated care, which involves family, users, and services in mental health, in order to support and cooperation, looking at all the quality of life of those involved." (G3)

The analysis of the considerations raised by the participants of the research involving the exchange between services occurred through comparison with the concept created by Campos and Domitti⁸ which states that the support matrix is a way to ensure rear specialized teams and professionals responsible for your attention. This methodology covers mechanisms of reference and counter-reference, protocols and regulatory centers. The rear offers the same care and technical support teams and pedagogical reference. And its success depends on the shared construction of clinical guidelines and health among the components of a reference team and specialists who offer support matrix, forming a mechanism of co-responsibility.

By confronting the theoretical constructs of the teams with the citation of the author, it is observed that all the concepts they have built a network of reference integral care and its importance for the realization of comprehensive care in mental health. However, no report how this network can be constructed through the matrix support, ie not relate to the function of the supportive matrix and the reference team this context.

The construction of the network, the definition of the roles of matrix and supporter of

the team of reference is the basis for the realization of the matrix networks. Fields and Domitti⁸ corroborates stating that the association of matrix support team and reference allows to extend the opportunities for expanded clinical and promote integration between different dialogical specialties and professions, together seek the expansion of clinical work, ensuring greater efficiency and effectiveness at work health, investing in user autonomy.

The expansion of the concept of Matrix Support of research participants is contained in the objectives of this investigation, and could be made from these results that evaluate the responses of the same procedurally. It is noticed that during the meetings widened the vision of the participants on the topic, but are noticeable difficulties to recognize it in practice and in their everyday experiences in services. These questions denote the need to promote more discussions and studies on the subject, bringing it to theory and practice in the context of the services the city of Uruguaiana.

Matrix support in debate: fiction and reality, a clash of meetings

Following the line of the proposed research method, the analysis of this part of the results turned to the contact with the different angles and contradictions that comprise an institution, so that you can understand the view that professionals have about the theme of the Matrix Support in their local realities and institutional. This includes difficulties and potentials encountered during collective implication, researcher and researched, researched and researched and researched and collective. This collective involvement is important to search for "instituting" Lourau⁶ called by the act of transformation and self-management of a subject belonging to an institution.

R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3655-66

Given this, the main purpose of the meetings was the integration and reflection of the teams, where one of the approaches of emphasis was the proposal to problem situations created by small groups, according to their realities, after the researchers made them more complex, and finally were returned to be discussed and resolved by the groups in large group.

According to the Ministry of Health¹⁰ situations possess the role of trouble shooting processes of reflection and theorizing in the group. Favoring the relationship with the reality of participants and enabling the exploration of the topic. The same authors portray that this methodology allows the explicit prior knowledge of a team; identifying learning needs and build new meanings and knowledge that enable new skills.

So, this study will be discussed the situation problem number 1, collected material considered most relevant to be reflected. The same was created by interdisciplinary groups and institutions, where most of the work groups listed out the problem of alcohol and other drugs, focusing primarily on signs and symptoms characteristic of the biomedical model. Considering that the team creating the problem situation only focused on the central theme, use of alcohol and other drugs and treatment, it was considered pedagogical reform and enters a family and community context.

The next encounter redistributed to the problem situation chosen for four different groups, so that from guiding questions to describe proposals to solve the problem. Finally, discussed in great possibilities to group the solution for the case in question. It is noted that when the group held the first exhibition of the results in plenary, there was no type of intervention, not to interfere in the answers found by the groups, preventing exchanges of views during the discussions by professionals.

In analyzing the responses obtained through problem situations, it can be seen on the material collected in the whole multidisciplinary team knows the existence and role of the network, recognize UBS as a gateway to mental health care, including making quotes intersectoral components arising from the territory of UBS who are part of the community, important for health care.

On this same problem situation, another relevant question is in relation to referrals, in which the patient arrived at the specialized service without a referral from UBS.

Given this, the team members refer specializes be common in your reality, and in response to the same question of the problem situation, a group notes that this referral is appropriate for families, since the individual was already a user of CAPS. In all these interference cancels the role of primary care in the user's mental health.

"The referral was made by the family, because she was already a user of CAPS. And if no service involved in this process."
(E2)

Another participant returned stating that:

"This often happens here often comes relatives for help, in our case, sometimes referred comes from outpatient mental health sometimes comes from the school. But most come for the family, colleague or even strangers who noticed something different and come looking for us, a resident of the street or neighboring community."
(E8)

This talk aims to carry out diagnostics and identification of signs and symptoms for the support network in place of UBS, which should be the gateway.

Another issue that emerged from analysis of data collected was the team's strong reference to treatment plans, CAPS facing the institution, blaming it for the conduct of health care to this patient. All groups highlighted terms as care plans semi-intensive and intensive psychiatric and

psychological assessment and therapeutic workshops. We can observe this speaks wonders where groups about coping mechanisms that could be used to solve the case where a group emphasizes that:

"Oh, about the coping mechanisms we discussed a lot, that we wondered why these mechanisms would be, would be if the internal mechanisms of the person or the mechanisms that services can offer. Well, why is that the services can offer would be medication, drug treatment, workshop, understand? But the social part counts. Do you understand that?"
(E13)

In this discourse there is a lack of network design is not accessible mechanisms involving services and enable constitute Integral Network on Mental Health.

The problem situation was intended to review the case to arrive at an understanding of how UBS and CAPS would provide a therapeutic full attention to the user from a single, integrated treatment plan that would provide the link with the subject respecting the individuality and uniqueness the subject.

The mental health treatment plan aims to qualify the alternatives in addressing the health-disease-trinomial rehabilitation, involving actions that facilitate the expansion of autonomy user of mental health, as well as professionals involved in the care through discussions of cases.¹¹

In this context, pursuing research along the understanding of professionals about the importance of preparing the individual treatment plan in an integrated manner in order to achieve the needs and characteristics of each user. That is, it was expected that the proposals during driving cases, teams describe their approach to the user, family and community, including in planning the implementation of home visits, links with the network of comprehensive care, hearing of the subjects regarding their main needs. As also how the records would be held and

communications between members of the multidisciplinary team.

However, the question that asked for the construction of the treatment plan, the four groups involved, only one group presented the plan that would address a plan of actions that aim at achieving comprehensive care considering the social context and the individuality of the subject.

The plan constructed by this group is as follows:

"(1) Intervention to contain the psychotic break, (2) When the individual returns to his home should be assisted and accompanied by a comprehensive network of mental health and the reference UBS, which has a team of matrix; (3) regular home visits by staff and ACS, (4) user involvement in therapeutic workshops."
(G1)

In contrast, the second group reported treatment plans as suggestions:

"(1) Consultation with a psychiatrist for evaluation of Pathology, (2) psychological evaluation to assess the Therapeutic Plan, (3) definition of the Plan: Intensive, UBS: Participation; Family: Participation."
(G2)

From the analysis and reflection of this plan, there is the figure of the centralization of medical professional Psychiatrist in defining the disease process and the professional psychologist as indicated and holder of knowledge to achieve the best therapeutic approach for the case indicated. This fact is also evidenced in the following statement:

"Here in our service works well in reality, the patient comes through the psychiatrist, when you have, because when he has no psychiatrist goes straight to a psychologist. Then psychiatrist evaluates sets the medication he will use forwards to the psychologist and occupational therapist, psychologist makes the treatment plan and forwards it to the workshop."
(E18)

Another issue that can be seen by examining the therapeutic plans, relates to the participation of family, where the group has not explained how this family dealt with and how involved in the creation of the treatment plan. It

was also noted that UBS was only invited to participate in treatment plan already defined Psychologist.

The third group described the therapeutic plan following individual:

"(1) Psychological Assessment, Psychiatric and Occupational later to join in the workshops in an intensive plan, attending daily workshops, (2) routing son for treatment of chemical dependency."
(G3)

In this analysis the suggestion of individual treatment plan, one can notice the CAPS again as reference by specialty: Psychiatrist, Psychologist and Occupational Therapist. It is worth remembering that the professional groups were multidisciplinary, intersectoral and interdisciplinary sometimes. It is also observed that the group did not mention the involvement of UBS, also highlighted that this issue of integration between UBS and CAPS in Mental Health for realization of matrix and Network Comprehensive Mental Health has been debated since the first meeting in the collective implication between researchers and research participants.

Another group research participant deserves emphasis because it is the only one to involve other network components in the process of attention to the user's Mental Health, considering how ideal therapeutic plan in case the following proposition:

"(1) Definition of treatment modality: Intensive, (2) appropriate medications, (3) involvement of UBS, (4) involvement of Community Health, (5) involvement of mothers club, churches, neighborhood associations; (6) Psychological review."
(G4)

In this plan there is an identification of the role of the network in search of attention to this problem when mentioning UBS, mothers club, associations, and churches. Describes the participation of the community worker with an emphasis in the scheme, citing him as head of the

Psychological Review, which suggests that during the psychological evaluation will be considered information brought by community workers, professionals and the UBS network. But it is not explained clearly how the family will be addressed and the user will occur and how the construction of the link between professionals and professionals, and between professionals - users.

Please note that all the proposed plans highlighted therapeutic treatment modalities giving priority to intensive treatment and based on institutionalization and medicalization of the subject. Even one of the professional makes the following reference regarding the construction of a treatment plan.

"You cannot build a treatment plan without knowing the patient's diagnosis, have to wonder if he's in the outbreak, or bipolarity, and the time of treatment and hospitalization will depend on it." (E17)

It is considered the relevant medication approach and intensive due to the exacerbation of the case revealed the problem situation. However, it is necessary to reflect that the plans constructed by the groups did not demonstrate the continuity of care for this user after stabilization of symptoms, ie not reveal what actions would consequently occur for the insertion of subjects in society, and the maintenance and monitoring of case for primary care.

CONCLUSION

Through this important study about the Matrix Support networks and comprehensive care in the city of Uruguiana expanded several perspectives on the experiences and realities exposed by encounters with health professionals studied, analyzed intuitions, and political issues raised.

The goal here proposed to examine the perceptions of primary care and the CAPS was reached between subjectivities, conflicts, narratives, accounts of experiences and obstacles identified, note-if so, how challenging is qualitative research, meeting with the other, the contradiction human contact with the unknown.

Is also reflected, as is provocative analysis of the other, this full of contradictions, plots and settings, which should never be ignored, but, however, end up in situations that cannot be analyzed objectively.

It is noteworthy that during this study there were many difficulties, as the difficulty of promoting encounters between integrated services in favor spaces protected from reflections in which all participants feel comfortable to ask questions, contribute, share experiences, and discuss issues addressed.

It must also reflect on the potential of this research, which was the integration of these services promoting the shock of meetings, as well as the recognition of distinct realities with a common purpose, the promotion of health. These realities have surfaced, a corpus analysis that goes beyond concepts, theories and deployment of Matrix Support, bumping thus on structural issues, policies, organizational, cultural and subjective.

Limitations of this study indicate absence from the last meeting with the teams, not allowing the construction work plans, since it was noted that the group needed more meetings motivate that this construction, which implies the importance of new meetings and surveys continue to reflect collectively on the issue.

Finally, this study is considered as an initial step of a long journey scientific, theoretical and practical in search of instituting, or the agent of change and questioning of services that thus occurs deployment of effective

Silva AB, Gomes BCF, Torres OM *et al.*

Matrix support and ...

practices to support matrix of integrated care networks and Mental Health in Uruguaiana.

It should be noted, finally, that the construction of this work aimed at contributing to the attention of the county Mental Health, wishing thus encourage the development of new research about this subject that is still incipient.

REFERENCES

1. Oliveira WF, Martinhago F, Moraes RSAM. Entendendo a Reforma Psiquiátrica - A Construção da Rede de Atenção à Saúde Mental. Florianópolis-SC: ABRASME; 2009.

2. Büchele F et al. A interface da saúde mental a atenção básica. *Cogitare Enfermagem*, Florianópolis-SC, 11(3);226-233, set./dez. 2006.

3. Brasil. Ministério da Saúde. Coordenação de saúde Mental e Coordenação de Gestão da atenção básica. Saúde mental e atenção básica: o vínculo e o dialogo necessários. Brasília/DF; 2003.

4. Campos GWS. O anti-taylor: sobre a invenção de um método para co-governar instituições de saúde produzindo liberdade e compromisso. *Caderno de saúde Pública*, Rio de Janeiro, 1997; 18(6);863-870.

5. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10. ed. São Paulo: Hucitec; 2007.

6. Lourau R. Análise Institucional e Práticas de Pesquisa. Rio de Janeiro: Editora UERJ; 1993.

7. Minayo MCS, Deslandes SL. Pesquisa Social: teoria método e criatividade. 25. ed. Petrópolis: Vozes; 2007.

8. Campos GWS, Domitti AC. Apoio matricial e equipe de referência: uma metodologia para gestão do trabalho interdisciplinar em saúde. *Caderno de Saúde Pública*, Rio de Janeiro, FEC. 2007; 23(2);399-407.

9. Cedro LF, Souza AC. Importância da reforma psiquiátrica na mudança do paradigma da R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3655-66

assistência de enfermagem em saúde mental prestada ao portador de sofrimento psíquico. *Revista de Pesquisa Cuidado é Fundamental Online* Qualis B2, América do Norte, 0, dez. 2010. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1243>. Acesso em: 23 Jul. 2011.

10. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. Curso de Especialização em Ativação de Processos de Mudança na Formação Superior de Profissionais de Saúde. Situações-Problema: tutor. 2. ed. rev. Brasília: Ministério da Saúde/FIOCRUZ; 2008. 44p.

11. Brasil. Saúde mental no SUS: os centros de atenção psicossocial. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégica; 2004.

Received on: 23/06/2012
Required for review: No
Approved on: 18/01/2013
Published on: 01/04/2013